PATENT APPLICATION FEE DETERMINATION RECORD Effective October 1, 2000 O9/89/37													37
CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY TYPE			OTHER THAN OR SMALL ENTITY		
T	OTAL CLAIMS					3.00 87.00 3.00 87.00	Г	RATE	FE	Ε	ĺ	RATE	FEE
FC	OR .		NUMBER FILED		NUMBER EXTRA		8/	ASIC FEE	355	.00	OR	BASIC FEE	710.00
TO	OTAL CHARGEA	BLE CLAIMS	55 minus 20=		. 35		T	X\$ 9=	31	_	OR	X\$18=	
IN	DEPENDENT CL	AIMS	/ mir	nus 3 =	-2.		F	X40=				X80=	
ML	JLTIPLE DEPEN	IDENT CLAIM PE				_	F	740-	100	<u>).a</u>	OR	7003	
								+135=			OR	+270=	
* If the difference in column 1 is less than zero, enter "0" in column 2								TOTAL	79	CC	ÒЯ	TOTAL	
CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)								SMALL I	ENTI	ΤΥ	OR	OTHER SMALL !	
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIĞH NUM PREVK PAID	BER DUSLY	PRESENT EXTRA		RATE	ADI TION FE	NAL		RATE	ADDI- TIONAL FEE
	Total	. 54	Minus	5	9	= Ø		X\$ 9=			OR	X\$18=	
	Independent	. 5	Minus	(ρ_{-}	-0		X40=			OR	X80=	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM											OR	+270=	
									(7	OR	TOTAL ADDIT, FEE	
		(Column 1)		(Colur	mn 2)	(Column 3)	AD	OIT. FEE			,		·
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	EST BER DUSLY	PRESENT EXTRA		RATE	ADI TION FE	IAL		RATE	ADDI- TIONAL FEE
	Total	.56	Minus	• 5	4	= 2		X\$ 9=			OR	X\$18=	36
	Independent	· 5	Minus	··· E	5	= 0		X40=			OR	X80=	
Ľ	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+135=		\neg		+270=	
BEST AVAILABLE CO											OR	TOTAL	
			TOTAL DIT. FEE			OR	ADDIT, FEE						
_		(Column 1) CLAIMS	·	(Colui HiGh		(Column 3)	۱ ,				1		
AMENDMENT C		REMAINING AFTER AMENDMENT		NUM PREVIO PAID	BER OUSLY	PRESENT EXTRA		RATE	ADI TION FE	NAL		RATE	ADDI- TIONAL FEE
	Total	•	Minus	••		=]] .	X\$ 9=		ı	OR	X\$18=	
	Independent	·	Minus	•••		=		X40=			OR	X80=	
Ľ	FIRST PRESE	NTATION OF MI	JLTIPLE DEI	SENDEN.	CLAIM		┚┝	405		一		.070	
If the entry in column 1 is less than the entry in column 2, write "0" in column 3.											OR	+270=	
••	If the "Highest Nu	mber Previously Pa mber Previously Pa nber Previously Pa	aid For IN THI aid For IN THI	S SPACE	is less tha	n 20, enter *20. In 3, enter *3.*	NU	OIT. FEE	propria	ابس.		TOTAL ADDIT. FEE lumn 1,	

FORM PTO-875 (Rev. 8/00) Application of Docket Number